

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/542951

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
27				1		
28				1		
29				1		
30				1		
31				1		
32			1			
33				2		
34				2		
35				2		
36				2		
37				2		
38				2		
39				2		
40				2		
41				2		
42				2		
43				2		
44				2		
45				2		
46				2		
47				2		
48				2		
49				2		
50				2		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				2		
52				2		
53				2		
54				2		
55				2		
56				2		
57				2		
58				2		
59				2		
60				2		
61				2		
62				2		
63				2		
64				1		
65				2		
66				2		
67				2		
68				1		
69				1		
70				1		
71				1		
72				1		
73				1		
74				1		
75				1		
76				1		
77				1		
78				1		
79				1		
80				1		
81				1		
82				1		
83				1		
84				1		
85				1		
86				1		
87				1		
88				1		
89				2		
90				2		
91				2		
92				2		
93			1			
94				2		
95				1		
96				1		
97				1		
98				1		
99				1		
100				1		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	131	←		←
TOTAL CLAIMS			135			